

(Requestor's Name)
(Address)
·
(Address)
(7.00.033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
-p
1

Office Use Only



600329929476

05/30/19-+01011-+036 ★★6.75

Q3/30/19--010(1--016 ++35.0¢

2019 MAY 30 AM 8: 53

C. GOLDEN
JUN 1 9 2019



TO: Amendment Section Division of Corporations

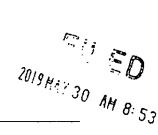
NAME OF CORPORA	AOK T	NTS, INC.	
DOCUMENT NUMBE	P18000	070693	
The enclosed Articles of	TAmendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_	HILTON T	Name of Contact Person	
_	HOK T	Firm/ Company	•
_		SERULA DE	
	~ -	Address	00 -0
_	ST 700	HNS, FC 3; City/ State and Zip Cod	2259
		JTS & G M F sed for future annual report	
For further information (concerning this matter, pleas	se call:	
		at (<u>305</u>	744.2525
	Contact Person		ode & Daytime Telephone Number
Enclosed is a check for t	the following amount made	payable to the Florida Depa	ariment of State:
S35 Filing Fee	2543.75 Filling Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



A-OK Tints, Inc	
(Name of Corporation as currently filed with the Flo P-18000070693	orida Dept. of State)
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this a Incorporation:	corporation adopts the following amendment(s) to its Articles of
A. If amending name, enter the new name of the corporation: A-OK Tints & Pressure Washing, Inc.	(m)
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	To". A professional corporation name must contain the
	Same / No Change
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same / No Change
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent Same/ No Change	
(Florida str	eet address)
New Registered Office Address:	, Florida
(City)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Registered A	gent, if changing

address of each Officer (Attach additional sheets Please note the officerth P = President: F Vice Executive Officer: CFO held, President, Treasure Changes should be noted	and/or 1 i, if neces irector tit Presiden = Chief er, Direct I or the fi iwes the o	Director being added: sary) le by the first letter of the office title; lt: T= Treasurer: S= Secretary: D= Direc Financial Officer. If an officer/director l or would be PTD. Allowing manner. Currently John Doc is l corporation, Sally Smith is named the V or	ach officer/director being removed and title, name, at tion; TR = Trustee; C \(\tau\) Chairman or Clerk: CEO = Choulds more than one title. First the first letter of each officiel as the PST and Mike Jones is listed as the F. There ad S. These should be noted as John Doc. PT as a Chang
Example: <u>X</u> Change	<u>PT</u>	John Doc	ı
X Remove	<u>V</u>	Mike Jones	SAME / NO CHANGE
X Add	<u>sv</u>	Sally Smith	1
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

____ Remove

If amending or adding additional Arti (Auach additional sheets, if necessary).	(Be specific)
	SAME
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares.
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(1) 11/1 14/2/11/11/11/11/11/11/11/11/11/11/11/11/1	
	$ \sqrt{A}$

The date of each amendment(s) adoption:
Etherive date if annicable:
Effective date <u>il applicable</u> : Ino more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted a document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 5/26/19 Signature Held Constitution of Oliver Signature at a Oliver Signature at a Oliver Signature of Oliver Signature at a Oliver Signature of Oliver Signatur
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
HITON THOMAS (Typed or printed name of person signing)
PRESIDENT (Title of person signing)